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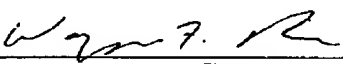

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*** PLEASE DELIVER IMMEDIATELY ***

Date: September 23, 2005
From: Wayne F. Reinke (e-mail: WFR@hrfmlaw.com)
No. of Pages: 9 (Including this Page)
Fax No.: 571-273-8300
To: Examiner Carl G. Colin
Group Art Unit 2136
U.S. Patent and Trademark Office
Alexandria, VA 22313-1450
Re: U.S. Patent Application Serial No.: 09/731,509
Applicant(s): Schaeck et al.
Attorney Docket No.: DE919990082
Message: Please find attached hereto the following documents:
1. Amendment Transmittal Letter (1 page) (in duplicate); and
2. Amendment and Response to Office Action (6 pages).

WFR:rqs
Attachments
0560362-FAX01

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DE919990082	
Applicant(s): Staack et al.					
Application No. 09/731,509	Filing Date 12/07/2000	Examiner Colin, Carl G.	Customer No. 46369	Group Art Unit 2136	Confirmation No. 1249
Invention: CONDITIONAL SUPPRESSION OF CARD HOLDER VERIFICATION					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 (IBM) <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: September 23, 2005		
Wayne F. Reinke, Esq. Registration No. 36,650			I hereby certify that this correspondence is being transmitted by facsimile transmission to: Examiner Carl G. Colin, Group Art Unit 2136, United States Patent and Trademark Office, Alexandria, VA 22313-1450, Facsimile No. 571-273-8300, on September 23, 2005.  Rosalind Q. Spiller		
cc:					

P11LARGE/REV09

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DE919990082	
Applicant(s): Staeck et al.						
Application No. 09/731,509	Filing Date 12/07/2000	Examiner Colin, Carl G.	Customer No. 46369	Group Art Unit 2136	Confirmation No. 1249	
Invention: CONDITIONAL SUPPRESSION OF CARD HOLDER VERIFICATION						
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Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
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INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 (IBM) <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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cc:						

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DE919990082

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Schaeck et al. Confirmation No.: 1249
Serial No.: 09/731,509 Group Art Unit: 2136
Filed: 12/07/2000 Examiner: Colin, Carl G.
Title: CONDITIONAL SUPPRESSION OF CARD HOLDER VERIFICATION

CERTIFICATE OF FACSIMILE TRANSMISSION

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Rosalind Q. Spiller

Date of Signature: September 23, 2005.

To: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to an Office Action with a mailing date of June 28, 2005, response to which is due by September 28, 2005 without extension, and which is being timely filed, kindly consider the following remarks.